

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS
PARK SQUARE BUILDING
31 ST. JAMES AVENUE, BOSTON

File
National
Youth

1 Assonet Street

Worcester, Mass.

April 15, 1940

Mr. Hamilton Armstrong, Clerk

Board of Selectmen

Southborough, Mass.

Dear Mr. Armstrong:

My belated thanks for your letter relative to the continued need of the help we are able to give you.

Your letter has been turned over to the Boston office with the hope that some consideration can be given it. However, nothing as yet has been heard from that source, and until such time as they act favorably upon it, we find it necessary to continue within these curtailed limits.

Kindest personal regards,


Thomas B. Dowd

District Supervisor

TBD:ma

Recd.
4/17/40
Hav.

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS
1 ASSONET ST,
WORCESTER, MASS.

April 25, 1940

Mr. Hamilton Armstrong, Clerk
Board of Selectmen's Office
Southboro, Massachusetts

Dear Mr. Armstrong:

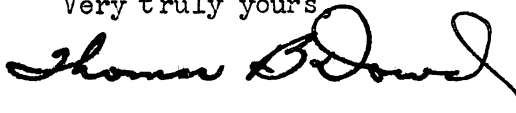
The enclosed forms are to be used quarterly by the National Youth Administration in supervision and material and supplies given to us for our use in the proper conduct of your program. This gives you an opportunity to properly designate the extent to which you, through your cooperation and kindness, are contributing to this federal agency.

As you know, we are definitely aware that without the sponsors' cooperation and contribution, very little of real value could be done by the N. Y. A.; hence, we ask that you submit immediately to us this information requested. We are quite anxious that an approximation be given, since we realize that actual accounting would involve effort, expense, and much time on your part.

Mr. McDonough will call on you within the next few days and help solve any problem that might arise from this request.

Thanking you for your kindness, I remain

Very truly yours,



Thomas B. Dowd
District Supervisor

TBD:ma

File
National
Youth

Recd.
4/27/40
Hau.

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS
1 ASSONET ST.
WORCESTER, MASS.

File
National Youth

May 1, 1940

Mr. Hamilton Armstrong

Board of Selectmen

Southborough, Mass.

Dear Mr. Armstrong:

As yet we cannot definitely assure anybody of additional workers for the summer programs that we expect will be set up soon. However, you may be sure that if we can help, we shall be more than glad to do so.

On Mr. McDonough's next visitation, it might be well to take up this matter directly with him.

Very truly yours,


Thomas B. Dowd

District Supervisor

TBD:ma

Recd.
May 2/40
H2

File
nys.

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS
1 ASSONET ST.
WORCESTER, MASS.

May 7, 1940

Mr. Hamilton Armstrong

Town Hall

Southboro, Mass.

Dear Mr. Armstrong:

We are looking forward to our proposed meeting on Thursday, May 9, 1940 to be held at the Westboro High School at 3:00 p. m.

May I at this time express my thanks to you for your willingness to be present, and I am sure that much good will come of this gathering.

Kindest personal regards,


Thomas B. Dowd

District Supervisor

TBD:ma

Recd.
5/9/40
HA

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS
1 ASSONET ST.
WORCESTER, MASS.

Rec'd
5/13/40
H2

May 11, 1940

Mr. Hamilton Armstrong

Town Hall

Southboro, Mass.

Dear Mr. Armstrong:

Please accept my sincere thanks for
your attendance at our meeting Thursday,
and I trust that something worth while
was accomplished.

Hoping to see you again soon, I
remain

With kindest personal regards,

Thomas B. Dowd

Thomas B. Dowd

District Supervisor

TBD:ma

Rec'd
5/13/40
H2

file
4/27/40
ha.

TOWN OF SOUTHBOROUGH
BOARD OF SELECTMEN

April 27, 1940

Mr. Thomas B. Dowd
District Supervisor
N. Y. A. Office, 1 Assonet St.
Worcester, Massachusetts

Dear Sir:

Re: Playground work, this summer.

The Southborough Parent-Teachers' Association is planning a summer play-ground program, and they inquire whether they can expect any assistance from the National Youth Administration.

Is there a possibility that more boys may be assigned before this play-ground work starts?

Yours truly,

BOARD OF SELECTMEN

By *Hamilton Armstrong*

Clerk

ABS:HA

*Received
4/27/40
ha.*

File

March 19, 1940

Mr. Thomas B. Dowd
District Supervisor
N. Y. A. Office, 1 Assonet St.
Worcester, Massachusetts

Dear Sir:

We are advised by Mr. McDonough of your Department that assignments of youth workers are being held up until further notice.

We are sorry to hear this, as we had planned our National Youth program to include more persons than we now have working, namely two.

Several boys who are unemployed have applied for work, and since we have our program planned to include outside improvements as soon as the weather will permit, we would appreciate any effort you might make to have more boys assigned.

Yours truly,

BOARD OF SELECTMEN

By *Hamilton Armstrong*
Clerk

*mailed
3/20/40
H.A.*

January 26, 1940

Lee J. McDonough, Sup.
National Youth Administration Office
1 Assonet Street, Worcester, Mass.

Dear Sir:

Would you kindly furnish us with the
following information:

Will it be possible for the young
people now under National Youth Administration
to be transferred to Playground work as Supervisors
of play, during the summer months.

An early reply will be appreciated.

Yours truly,

BOARD OF SELECTMEN

By *Hamilton Armstrong*
Clerk.

BS:HA

mailed
2/26/40
HA.

January 30, 1940

National Youth Administration Office
1 Assonet Street, Worcester, Mass.

Attention of Mr. Hoban:

Dear Sir:

We have had two more applications for
acceptance under National Youth Administration.

If you will forward the necessary blanks,
I will fill them in and return them to you for
your consideration.

Yours truly,

Hamilton Armstrong
Clerk, Board of Selectmen.

ABS:HA

*mailed
1/30/40
H.A.*

NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS

PARK SQUARE BUILDING
31 ST. JAMES AVENUE
BOSTON, MASSACHUSETTS

EDWARD L. CASEY
Director

1 Assonet Street

Worcester, Mass.

January 31, 1940

Mr. Hamilton Armstrong
Board of Selectmen
Southborough, Mass.

Dear Sir:

We are enclosing forms to be filled by
the applicants for work on the N. Y. A.

We would be more than glad to provide
assistance for your summer recreation pro-
gram on the condition that they be properly
supervised by older members of your
recreation group. I have taken this matter
up personally with Mr. Spurr.

I would appreciate having the enclosed
Item No. 20's signed and returned here to
me immediately so that the boys who will be
assigned within a few days can go to work
without further delays.

Very truly yours,


Thomas B. Dowd
District Supervisor

TBD:ma
Encl.

Recd.
2/1/40
H.A.

February 26, 1940

Mr. Leo J. McDonough, Sup.
N. Y. A. Office
1 Assonet Street
Worcester, Mass.

Dear Sir:

I have just received your note of the 24th.,
regarding the reason for sending in the slips mentioned.

Since the boys failed to report for work and
have not given any reason for it, I feel that they are no
longer interested.

You will note this on the pay-roll sheet.

Yours truly,

Hamilton Armstrong

Clerk, Board of Selectmen.

*mailed
2/26/40
H.A.*

Certification Procedure.

Relief and WPA Cases - Use form 100. (BPW * SOLDIER'S RELIEF * ADC, etc.)

Non-Relief Cases - Use form 101.

Attach form 104 on all cases together with Social Security Number.

On forms 100 and 101, make certain that the monthly and yearly income appears on the forms.

Form 100 is made out in duplicate, and an attestation of birth should appear on the back of both sheets, signed by the person who witnessed the birth certificate.

John F. Hobbs
Dist. Supervisor of Employment.

Federal Security Agency
NATIONAL YOUTH ADMINISTRATION
31 St. James Avenue
Boston, Massachusetts

Mass. Youth Administrator's Order No. 15

SUBJECT: POLICIES AND PROCEDURES FOR THE CERTIFICATION OF NYA WORKERS

Under the provisions of the Emergency Relief Appropriation Act of 1939, the National Youth Administration is established as an independent agency, separate from the Work Projects Administration. Accordingly, the National Youth Administration is, on and after July 1, 1939, responsible for the establishment of procedures for the certification of need of youth workers.

This bulletin is being distributed to all certifying agencies and other interested parties to acquaint them with the new procedures of employment. Certifying agencies shall consider the bulletin as a set of instructions to them; youth organizations and other non-certifying agencies may find the bulletin of help to them in referring young people with whom they are in contact to the NYA for employment.

The regulations described in this order supersede previously issued tentative instructions to certifying agencies.

I. General Statement of NYA Objectives

The National Youth Administration was established in June 1935, to assist needy youths between the ages of 18 and 24, inclusive. The problem is approached from two directions:

A. The prolonging of the period of education. (Student Aid)

The Student Aid Program provides a maximum of \$6 a month to high school students and \$20 a month to college students between the ages of 16 and 24, inclusive. Only approved tax-exempt and non-profit educational public institutions are eligible for Student Aid. Youth who are interested in obtaining Student Aid should be referred directly to the school or college in which they intend to enroll, since all nominations for Student Aid are made by the institutions themselves. The NYA cannot pre-designate candidates for Student Aid.

B. The providing of work to unemployed out-of-school youth.
(Work Program)

The Work Program of the NYA is designed to provide monetary help and vocational training to needy young men and women between the ages of 18 and 24, inclusive who are unemployed and out-of-school.

Needy youth are employed on a wide variety of work units on a part-time basis (55 hours a month) at a maximum wage of \$21 a month.

Wherever possible within the limits of the program, every effort is made to give each youth an opportunity to try his hand in several different occupations until he finds one in which he is likely to succeed. Then, he is allowed to concentrate in this type of work and acquire additional skill, to improve his chances of qualifying for private employment. Technical instruction is provided, wherever possible, in direct relation to the project work.

Work projects in a given community are dependent upon the type of sponsorship by public agencies which is available in that community. It is impossible, therefore, to guarantee every type of work experience in any community. However, the following types of work units exist in the various parts of the state: the construction of roads, buildings, playground facilities, etc., clerical work, hospital work, recreational leadership, work shops (woodworking, metal and mechanical), sewing, child care in nursery schools, and home making. As a general policy each individual is limited to 18 months of tenure on the NYA Work Program. However, another member of the same family, if within the age group, may replace the member separated.

In addition to these local projects, there are several resident centers in this state and a regional center at Passamaquoddy, Maine, in which young men from this State are provided with intensive short-term training. Thus, if a young man in a given community desires a type of work which is not available in that community, it is possible that his needs could be satisfied at a resident center.

In addition to providing project employment, the NYA has been able to establish vocational guidance and information services, as well as vocational and civic courses in many communities. These services are available to all unemployed youth between the ages of 18 and 24, inclusive, whether or not they can qualify for project employment. Full information regarding these services may be obtained from this office.

In summary, the primary objective of the NYA Work Program is to help unemployed out-of school youths to prepare themselves for placement in private employment and better social adjustment.

The following provisions of this Order apply only to the Work Program, and not to Student Aid.

II. Conditions of Employment

In order to qualify for NYA employment the following conditions must be met.

A. Certification

A youth member of a family whose income is insufficient to provide the basic needs of the family, including the youth member, regardless of whether the family is receiving any form of public assistance, or a youth without family connections who is in need, is eligible for certification.

B. Age

No person under the age of 18 years or whose age is 25 years or more is eligible for part-time project employment.

C. Health

No youth whose physical condition is such as to make his employment dangerous to his health or safety, or to the health or safety of others, may be employed on a project. This paragraph shall not be construed to operate against the employment of physically handicapped persons, otherwise employable, where such persons may be safely assigned to work which they can ably perform.

D. Citizenship

No person shall be employed on any project until he has made an affidavit as to his United States citizenship. No alien shall be given employment or continue in employment on any project, even though such alien may have filed a declaration of intention to become an American citizen.

E. Fidelity

No person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States through force or violence shall be eligible for employment.

III. Certification Procedures

A. Certifying Agencies

By national administrative order, the certification of need of youth employees shall be made by public relief agencies approved by the State Youth Administrator, or in lieu thereof, shall be the responsibility of the State Youth Administrator or his authorized representative.

1. Certification from the following agencies on the basis of past or current investigation of the families of youth applicants shall be accepted as prima facie evidence of need on the part of the youth employee:

- a. State and local public relief agencies.
- b. Work Projects Administration.
- c. Farm Security Administration.
- d. Private and semi-public agencies specifically approved by the State Youth Administrator.

2. Youth whose families have not been subject to investigation of need by any of the above agencies may apply directly to the local NYA supervisor. In this case, the youth will file a statement of need which is to be signed by him and his parents or guardian and which will be verified by the NYA. Certification may then be made directly by the State NYA Division of Employment.

B. Definition of Need

It is the intention of the NYA to extend its opportunities to a wider group of young people than has been available under previous regulations.

According to National Administrative Order No. 2, "For the purpose of certification, a youth employee shall be defined as needy if he is:

- 1. A member of a family whose income is insufficient to provide the basic requirements of all members of the family, including youth members, regardless of whether the family is receiving or eligible for any form of public assistance; or
- 2. Without family connections and his income is insufficient to provide his basic requirements."

The State Youth Administrator does not desire to set a hard and fast maximum family budget as the basis of eligibility for NYA employment. It is recognized that the need of an individual youth does not necessarily parallel the exact economic condition of his family, and it is our purpose to base our selection, insofar as it is possible, upon the relative need of each individual youth. However, it is necessary to establish a flexible standard to guide us in determining this need. Therefore, the WPA maximum family budget shall continue to be used as the basis of certification, with the provision that a 25 per cent leeway will be allowed for a youth's certification.

The maximum budgetary allowances for NYA certification are, therefore, as follows:

<u>Numbers of Persons in Family</u>	<u>Maximum Budgetary Allowance</u>
1	\$14.69 per week
2	18.12 " "
3	21.56 " "
4	25.00 " "
5	28.44 " "
6	31.87 " "
For each additional member add	3.45 " "

If, in the minds of the certifying agents, there are unusual circumstances which would justify the certification of youths whose family incomes exceed the above maximum allowances, consideration for certification will be given by the State Youth Administrator upon request by the certifying agent. A full statement of the circumstances should accompany such a request.

All certifications are subject to the approval of the State Youth Administration. More than one youth in the same family may be certified for NYA employment but the final responsibility of assigning more than one member rests with the State Youth Administration.

In order that a wide basis of selection may be maintained, the policy of Open Intake has been established. Thus, all youths who wish to apply and who are eligible for NYA employment should be certified regardless of the number of assignments currently possible.

C. Procedures and Forms to be used by Certifying Agencies

1. Summary of Certification Process

In order for a youth to be certified, the following information must be submitted by the local certifying agency to the Division of Employment, NYA for Massachusetts, 31 St. James Avenue, Boston.

a. Identification Number

The Identification Number, which is required on several of the forms used in the employment process, should be obtained from the local branches of the State Employment Service by each youth. Certifying agents should require youth applicants to obtain the identification number before any of the subsequent procedures are entered into.

The following list should be inserted in Section (b) after the words "Should a Birth Certificate not be available, the following evidence of birth will be accepted:"

Baptismal Record.

School Record showing the date and place of birth.

Hospital's or doctor's record of birth.

Notarized statement of birth in family Bible.

Affidavit of a family friend who can prove that he is
in a position to know of birth.

Notarized card showing registration as voter, if registered in Mass., Ohio, Conn., or Rhode Island.

b. Birth Certificate

Each youth should be required to present a birth certificate, or an equivalent verification of birth, to the certifying agent as a preliminary condition of certification. The certifying agent must affix a statement over his signature on the back of the certification form (NYA Form 100 or 101 or WPA Form 600 or 56) as follows:

Name of Appl.: _____
Son of: _____
Daughter of: _____
Born in: _____ Date: _____
Birth Cert. Att. By: _____

Should a birth certificate not be available, the following evidences of birth will be accepted:

c. Citizenship Affidavit,

NYA Form 104 (detailed description given below)

d. Certification of Eligibility

NYA Form 100 (in the case of agencies other than NYA) and NYA Form 101 (to be used by NYA only). Fuller description of these forms is given below.

These forms are to be prepared in accordance with the instructions outlined below and mailed, preferably all together, to the Division of Employment, 31 St. James Avenue, Boston.

Youth applicants should be referred to the local NYA office at the same time their cases are in the certification process, in order that their applications will be in order when their certifications come through.

2. Certification Forms

a. Certification of Eligibility, NYA Form 100 (replacing WPA Form 600 or 56)

By use of NYA Form 100, certifying agencies approved by the State Administrator shall supply the State Youth Administrator with required information regarding the youth certified as in need. The original shall be transmitted to the State Division of Employment, NYA for Massachusetts, 31 St. James Ave., Boston, and the copy shall be retained for the files of the certifying agency. Explicit instructions for the completion of these forms are included in Appendix A.

b. Application for Employment, NYA Form 101

NYA Form 101 is to be used by youths whose families have not been investigated by relief agencies, in making direct application to the NYA. Each local project supervisor will have a supply of these forms, and will assist the applicants in making them out. The parent or guardian, as well as the youth, must certify as to the truth of the statements made, by affixing their signatures. Further verification of need will be made by the NYA from agencies familiar with the youth's situation. The original of this form should be forwarded by the project supervisor to the State Division of Employment.

c. Citizenship Affidavit, NYA Form 104 (replacing WPA Form 604)

NYA Form 104 shall be prepared in an original only by the certifying agency and forwarded with the Certification of Eligibility to the State Division of Employment.

The name, address, and identification number of the person making the affidavit shall be entered. A check mark shall be placed in one of the squares provided to show whether the person making the affidavit is a citizen, or not a citizen but owes allegiance to the United States. In this connection it should be pointed out that no alien owes allegiance to the United States, even though he has declared his intention to become a citizen.

Space is provided in the lower left-hand portion of NYA Form 104 for the signature of witnesses. Witnesses are required only when the signature of the employee is made by a mark. The person who administers the oath may sign as one of the witnesses.

The oath must be administered by a Notary Public. It is necessary that the date of expiration of the Notary Public's Commission be indicated.

d. Notice of Case Change, NYA Form 102 (replacing WPA Form 601)

By the use of this form certifying agencies notify the Division of Employment of any changes in the case status of youths certified by them. Form 102 shall be prepared in an original and one copy in accordance with instructions contained in Appendix B.

The original shall be forwarded to the State Division of Employment and the copy retained by the certifying agency.

The Division of Employment shall determine whether the changed status constitutes a valid cause for cancellation of eligibility.

- e. Cancellation of Eligibility, NYA Form 103 (replacing WPA Form 602)

Cancellation of eligibility shall be made by the Division of Employment by means of Form 103, and copies shall be sent to the certifying agency and the youth.


All of the NYA forms described above may be obtained from the State NYA Division of Employment, or until a supply is received, the equivalent WPA forms may be used.

3. Review of Eligibility

The NYA State Division of Employment will review the status of each certified case in its files every six months. Notices of cancellation of eligibility will be made by the Division of Employment upon the basis of this review, and a copy of the notice will be sent to the original certifying agency.

The National Youth Administration appreciates the cooperation which the local welfare departments and other certifying agencies have extended in the past, and we look forward to an even closer cooperation in the future. It is our hope that we can continue to increase our services to youth. In order to do so, however, it is necessary that we have the complete understanding and sympathy of the agencies which constitute our sources of employment.

We hope, therefore, that you will feel free to call upon us for further information and interpretations at any time.


JOHN L. DONOVAN, JR.
State Youth Administrator

Special Note to WPA Certifying Agencies

Youth members of families which are certified for WPA are automatically eligible for NYA certification, provided the other conditions are met. Therefore, whenever a family is certified for WPA, the youths of that family between 18 and 25 should be entered on an NYA Form 100, the citizenship affidavit should be procured, and both forms should be forwarded immediately to the State Division of Employment.

APPENDIX A -- CERTIFICATION OF ELIGIBILITY, NYA Form 100

Entries on NYA Form 100 shall be made in accordance with the following instructions:

Name of Youth: Enter last name of youth first, followed by first name, then middle name or initial. Print or type.

Address of Youth: Enter street and city address of youth.

Identification Number: Enter identification number used for payroll purposes, either U.S.E.S. number or Social Security number. Both U.S.E.S. and Social Security numbers may not be used simultaneously in a state for identification purposes. Where U.S.E.S. numbers are currently being used for payroll purposes, the Social Security number should be shown immediately below the blank provided for the identification number and further identified by the suffix "S.S.".

Sex: Enter "M" or "F" to indicate male or female.

Race: Enter the appropriate abbreviation ("W" for White; "N" for Negro; "O" for any youth not reported as White or Negro.)

Marital Status: Enter the appropriate abbreviation ("S" for single; "M" for married; "D" for divorced; "SEP" for separated; "W" for widow or widower.)

Place of Birth: Enter city and state, if born in United States, and country of birth, if foreign-born.

Date of Birth: Enter month, day and year of birth.

Citizenship Affidavit: If CITIZENSHIP AFFIDAVIT, NYA Form 104, has been executed, check "Yes" and give date of execution. If CITIZENSHIP AFFIDAVIT has not been executed, check "No".

Name of Case Head: Enter name of person who has been listed by certifying agent as "Case Head". Enter last name first. If youth is living alone, enter "Youth".

Case Number: Enter the case number of the family or youth as shown by the records of the certifying agency.

Address of Case: Enter street and city address for family (case). If youth is living alone, do not fill in.

Now Receiving Public Relief:

If family currently is receiving any type of public relief, check "Yes" and give type of relief. If family is not receiving relief, check "No".

Total Number in Family Case:

Enter total number of persons living in family group as defined by certifying agency.

Number Employed:

Enter total number of members of family (case) group employed.

Number in School:

Enter total number of members of family (case) group in school.

Relation of Youth to Case Head:

Show the relationship of the youth to the person entered as case head, i.e., whether he or she is son, son-in-law, daughter, daughter-in-law, grandson, granddaughter, niece, nephew, etc.

Other Youth Members in Case
Eligible for NYA:

Give the name of each youth member of the family (case) between the ages of 18 and 24 years, inclusive, who is seeking work and otherwise eligible for NYA project employment.

Total Family Income:

(a) Monthly at date of certification. Enter the total monthly income of family (case), or if living alone, of youth, at time of certification.

(b) Total past twelve months. Enter the total cash income of the family, or if living alone, of youth, at time of certification.

Comments:

Enter here any additional information which the certifying agency believes pertinent in relation to the youth's eligibility for NYA project employment. IN ALL CASES, THE SOURCE OF THE INCOME MUST BE SPECIFIED, using this section to indicate the name of the employer.

Date:

Enter here the date of certification, I.E., the month, day and year the authorized agent of the certifying agency signs below.

Certifying Agency:

Enter the name of the agency making certification.

Agency Address:

Enter the city and/or county address of the certifying agency.

Signed:

The signature of the authorized agent of the certifying agency.

Title:

Enter the agency title of the certifying agent whose signature appears above.

APPENDIX B -- NOTICE OF CASE CHANGE, NYA FORM 102

Entries on NYA Form 102 shall be made in accordance with the following instructions:

Name of Youth: Enter last name of youth first, followed by first name, then middle name or initial. Print or type.

Date: Enter the month, day, and year form is prepared by certifying agency.

Old Address: Enter street and city address that appeared on CERTIFICATION OF ELIGIBILITY, NYA Form 100.

New Address: If youth has moved from "old address" given above, enter street and city of new address.

Name of Case Head: Enter name of person who has been listed by certifying agent as "case head". Enter last name first. If youth is living alone, enter "Youth".

Case Number: Enter the case number of the family as shown by the records of the certifying agency.

Check Nature of Change: Check the item that describes change in family or youth's situation. If the change is not indicated in one of the items (1) through (4), note change opposite (5) Other, and be specific. If the family income is considered adequate, enter under (a) the amount of the current monthly income of the family.

Certifying Agency: Enter the name of certifying agency making certification.

Agency Address: Enter the address of the certifying agency.

Signature: The signature of the authorized agent of the certifying agency shall be entered here.

Title: Enter the agency title of the certifying agent whose signature appears above.

The Division of Employment shall determine whether the changed status, as shown on NYA Form 102, constitutes a valid cause for cancellation of eligibility. If so, CANCELLATION OF ELIGIBILITY, NYA Form 103, shall be issued (see Section 8).

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FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
APPLICATION FOR NYA EMPLOYMENT

*Copy
forwarded
Worcester*

1. Name Phillips, John 2. _____
(Last Name) (First Name) (Initial)
3. Address Learned, Southborough 4. Sex: Male M Female _____
(Street) (Town or City)
5. Place of Birth Southborough 6. Race: White W Negro _____ Other _____
7. Date of Birth Jan. 16, 1922 8. Marital Status: Single Married Divorced
(Month, day, year) Separated Widowed
9. How long have you lived in this state? 12 years
-
10. Are you employed? (Yes or No) No; (a) If so, give weekly wage \$ *****
11. If not employed, give name and address of last employer: _____
Henry J. St. Maurice, Southborough
12. If not employed, give date last employment ended September, 1939
(Month and year)
13. Are you eligible for Unemployment Compensation benefits? (Yes or No) No
(a) If so, have you filed your claim? (Yes or No) _____
(b) If so, are you receiving benefits? (Yes or No) _____
14. Are you registered with State Employment Service? (Yes or No) No; If so,
give identification number given you by the Employment Service _____
15. Have you ever been in CCC? (Yes or No) No; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
16. Have you ever worked for N.Y.A.? (Yes or No) No; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
17. Saraetina Phillips 18. Learned St., Southborough
(Name of Parent or Guardian) (Address of Parent or Guardian)
19. Housewife 20. Not contributing
(Occupation of Parent or Guardian) Write in whether parent or guardian is
now employed, unemployed, retired, not
living, or not contributing to family
support.

21. Number in family _____. Number of family in school 2.

22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage

(1) Alfred Phillipo (1) West Const. Co. \$ 33.00

(2) _____ (2) Southborough, Mass. \$ _____

(3) _____ (3) _____ \$ _____

23. Do you now live on a farm? (Yes or No) No; If so, does your family own it? (Yes or No) _____

24. Are any members of your family now receiving public relief? (Yes or No) No;
if so, give name of agency _____

25. Give present total monthly family income \$ 132; (a) Give total family income for past 12 months \$ 396. (b) Give total amount of family savings (bank acct, etc) \$ *****

26. Give Name and Address of person who suggested that you apply for NYA work:

Elmer Phillipo Southborough, Mass.
(Name) (Address)

27. Give name and address of three persons not related to you who know you and your family:

Name	Address
(1) <u>Mrs. Joseph Rabeni</u>	<u>Southborough, Mass.</u>
(2) <u>Mrs. Rhoda Stacey</u>	<u>Southborough, Mass.</u>
(3) <u>Mr. Charles Wiles</u>	<u>Southborough, Mass.</u>

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that John Phillipo is in need of the assistance provided by the NYA.
(Name of Youth)

Date 2/13/40 Signature of Applicant _____

Date 2/13/40 Signature of Parent or Guardian _____

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date _____. No ☐

Certified for NYA Employment on _____
(Date)

Reject for Certification _____
(Date)

Reason for Rejection _____
Identification Number given youth by Employment Service _____
Signed _____
(NYA Representative)
Title _____

FEDERAL SECURITY AGENCY

NATIONAL YOUTH ADMINISTRATION

APPLICATION FOR NYA EMPLOYMENT

1. Name Phillips, John 2. _____
(Last Name) (First Name) (Initial)
3. Address Learned Southborough 4. Sex: Male M. Female _____
(Street) (Town or City)
5. Place of Birth Southborough 6. Race: White W Negro _____ Other _____
7. Date of Birth Jun. 16, 1922 8. Marital Status: Single Married Divorced
(Month, day, year) Separated Widowed
9. How long have you lived in this state? 18 years
-
10. Are you employed? (Yes or No) no; (a) If so, give weekly wage \$ _____
11. If not employed, give name and address of last employer: _____
Henry J. St. Maurice - Southborough
12. If not employed, give date last employment ended Sept. 1939
(Month and year)
13. Are you eligible for Unemployment Compensation benefits? (Yes or No) no
(a) If so, have you filed your claim? (Yes or No) _____
(b) If so, are you receiving benefits? (Yes or No) _____
14. Are you registered with State Employment Service? (Yes or No) no; If so, give identification number given you by the Employment Service _____
15. Have you ever been in CCC? (Yes or No) no; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
16. Have you ever worked for N.Y.A.? (Yes or No) no; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
17. Seraetina Phillips 18. Learned St. Southborough
(Name of Parent or Guardian) (Address of Parent or Guardian)
19. Housewife 20. not contributing
(Occupation of Parent or Guardian) Write in whether parent or guardian is now employed, unemployed, retired, not living, or not contributing to family support.

21. Number in family 7. Number of family in school 2.

22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage

(1) <u>Alfred Phillips</u>	(1) <u>West Coast Co.</u>	\$ <u>\$ 33.00</u>
(2) _____	(2) <u>Southborough,</u>	\$ _____
(3) _____	(3) <u>Mass.</u>	\$ _____

23. Do you now live on a farm? (Yes or No) no; If so, does your family own it? (Yes or No) _____

24. Are any members of your family now receiving public relief? (Yes or No) no; if so, give name of agency _____

25. Give present total monthly family income \$ 132-; (a) Give total family income for past 12 months \$ 396. (b) Give total amount of family savings (bank acct, etc) \$ _____

26. Give Name and Address of person who suggested that you apply for NYA work:

<u>Elmer Phillips</u>	<u>Southborough, Mass.</u>
(Name)	(Address)

27. Give name and address of three persons not related to you who know you and your family:

Name	Address
(1) <u>Mrs. Henry Rabini</u>	<u>Southborough</u>
(2) <u>Mrs. Rhoda Stacey</u>	<u>"</u>
(3) <u>Mrs. Charles W. Wier</u>	<u>"</u>

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that John Phillips is in need of the assistance provided by the NYA.
(Name of Youth)

Date 2/13/40 Signature of Applicant _____

Date 2/13/40 Signature of Parent or Guardian _____

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date _____. No ☐

Certified for NYA Employment on _____
(Date)

Reject for Certification _____
(Date)

Reason for Rejection _____
Identification Number given youth by Employment Service _____
Signed _____
(NYA Representative)
Title _____

copy

FEDERAL SECURITY AGENCY

NATIONAL YOUTH ADMINISTRATION

APPLICATION FOR NYA EMPLOYMENT

1. Name Bartolini Leo F. 2. _____
 (Last Name) (First Name) (Initial)
3. Address Breakneck Hill Rd. 4. Sex: Male M Female _____
 (Street) (Town or City)
5. Place of Birth Southborough 6. Race: White W Negro _____ Other _____
7. Date of Birth March 20, 1922 8. Marital Status: Single Married Divorced
 (Month, day, year) Separated Widowed
9. How long have you lived in this state? 18 years
-
10. Are you employed? (Yes or No) No; (a) If so, give weekly wage \$ _____
11. If not employed, give name and address of last employer: _____
Attilio Baldini Market, Southborough
12. If not employed, give date last employment ended December, 1939.
 (Month and year)
13. Are you eligible for Unemployment Compensation benefits? (Yes or No) No.
 (a) If so, have you filed your claim? (Yes or No) _____
 (b) If so, are you receiving benefits? (Yes or No) No
14. Are you registered with State Employment Service? (Yes or No) No; If so,
 give identification number given you by the Employment Service _____
15. Have you ever been in CCC? (Yes or No) No; If so, give dates:
 from _____ to _____.
 (Month & year) (Month & year)
16. Have you ever worked for N.Y.A.? (Yes or No) No; If so, give dates:
 from _____ to _____.
 (Month & year) (Month & year)
17. Tony Bartolini 18. Breakneck Hill Rd.
 (Name of Parent or Guardian) (Address of Parent or Guardian)
19. Carpenter 20. Not employed
 (Occupation of Parent or Guardian) Write in whether parent or guardian is
 now employed, unemployed, retired, not
 living, or not contributing to family
 support.

21. Number in family 1. Number of family in school 2.

[illegible]

(1) <u>John Bartolini</u>	(1) <u>Jesse Cole</u>	\$ <u> </u>
(2) <u> </u>	(2) <u>Cordaville</u>	\$ <u>12.00</u>
(3) <u> </u>	(3) <u> </u>	\$ <u> </u>

23. Do you now live on a farm? (Yes or No) No; If so, does your family own it?

24. Are any members of your family now receiving public relief? (Yes or No) yes
(Yes or No) no;

if so, give name of agency:

25. Give present total monthly family income \$____; (a) Give total family income for past 12 months \$____. (b) Give total amount of family savings (bank acct, etc) \$_____.

26. Give Name and Address of person who suggested that you apply for NYA work:

James F. Toller Southborough
(Name) (Address)

27. Give name and address of three persons not related to you who know you and your family:

	Name	Address
(1)	<u>Jesse Cole</u>	<u>145 Victory Rd.</u>
(2)	<u>Andazio Dragotario</u>	<u>Breakneck Hill Road</u>
(3)	<u>Terenzio Tebaldi</u>	<u>Marlboro Road</u>
(4)	<u>Attilio Baldini</u>	<u>Turnpike Road</u>

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that Leo Bartolini is in need of the assistance provided by the NYA.
(Name of Youth)

Date _____ Signature of Applicant _____

Date _____ Signature of Parent or Guardian _____

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date _____. No ☐

Certified for NYA Employment on _____
(Date)

Reject for Certification _____
(Date)

Reason for Rejection _____

Identification Number given youth by Employment Service

Signed _____

(NYA Representative)

Title _____

Copy

FEDERAL SECURITY AGENCY

NATIONAL YOUTH ADMINISTRATION

APPLICATION FOR NYA EMPLOYMENT

1. Name Bartolini Lee, F. 2. _____
(Last Name) (First Name) (Initial)
3. Address Breakneck Hill Road 4. Sex: Male M. Female _____
(Street) (Town or City)
5. Place of Birth Southboro. 6. Race: White W. Negro _____ Other _____
7. Date of Birth March 20, 1922 8. Marital Status: Single Married Divorced
(Month, day, year) Separated Widowed
9. How long have you lived in this state? 18 years
-
10. Are you employed? (Yes or No) No; (a) If so, give weekly wage \$ _____
11. If not employed, give name and address of last employer: _____
Attilio Baldini, Market, Southboro
12. If not employed, give date last employment ended December, 1939
(Month and year)
13. Are you eligible for Unemployment Compensation benefits? (Yes or No) No
(a) If so, have you filed your claim? (Yes or No) _____
(b) If so, are you receiving benefits? (Yes or No) No
14. Are you registered with State Employment Service? (Yes or No) No; If so,
give identification number given you by the Employment Service _____
15. Have you ever been in OCC? (Yes or No) No; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
16. Have you ever worked for N.Y.A.? (Yes or No) No; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
17. Tony Bartolini 18. Breakneck Hill Road
(Name of Parent or Guardian) (Address of Parent or Guardian)
19. Carpenter 20. Not employed
(Occupation of Parent or Guardian) Write in whether parent or guardian is
now employed, unemployed, retired, not
living, or not contributing to family
support.

21. Number in family 6. Number of family in school 2.

22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage

(1) John Bartolini (1) Jesse Cole \$

(2) Cordaville (2) Cordaville \$ 12.00

(3) (3) \$

23. Do you now live on a farm? (Yes or No) Yes If so, does your family own it? (Yes or No) Yes

24. Are any members of your family now receiving public relief? (Yes or No) No;

if so, give name of agency *****

25. Give present total monthly family income \$; (a) Give total family income for past 12 months \$. (b) Give total amount of family savings (bank acct, etc) \$

26. Give Name and Address of person who suggested that you apply for NYA work:

James F. Telfer Southboro
(Name) (Address)

27. Give name and address of three persons not related to you who know you and your family:

Name Address

(1) Jesse Cole Mt. Hickory Road

(2) Terenzio Tebaldi Marlboro Road

(3) Attilio Baldini Turnpike Road

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that Leo Bartolini is in need of the assistance provided by the NYA.
(Name of Youth)

Date Signature of Applicant

Date Signature of Parent or Guardian

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date . No ☐

Certified for NYA Employment on .
(Date)

Reject for Certification .
(Date)

Reason for Rejection

Identification Number given youth by Employment Service

Signed

(NYA Representative)

Title

FEDERAL SECURITY AGENCY

NATIONAL YOUTH ADMINISTRATION

APPLICATION FOR NYA EMPLOYMENT

1. Name Bartolini Leo, F. 2. _____
(Last Name) (First Name) (Initial)
3. Address Breakneck Hill Road
(Street) (Town or City)
4. Sex: Male M. Female _____
5. Place of Birth Southboro. 6. Race: White W. Negro _____ Other _____
7. Date of Birth March 20, 1922 8. Marital Status: Single Married Divorced
(Month, day, year) Separated Widowed
9. How long have you lived in this state? 18 years
10. Are you employed? (Yes or No) No; (a) If so, give weekly wage \$ _____
11. If not employed, give name and address of last employer: _____
Attilio Baldini, Market, Southboro
12. If not employed, give date last employment ended December, 1939
(Month and year)
13. Are you eligible for Unemployment Compensation benefits? (Yes or No) No
(a) If so, have you filed your claim? (Yes or No) _____
(b) If so, are you receiving benefits? (Yes or No) No
14. Are you registered with State Employment Service? (Yes or No) No; If so,
give identification number given you by the Employment Service 021-12-6787
15. Have you ever been in CCC? (Yes or No) No; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
16. Have you ever worked for N.Y.A.? (Yes or No) No; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
17. Tony Bartolini 18. Breakneck Hill Road
(Name of Parent or Guardian) (Address of Parent or Guardian)
19. Carpenter 20. Not employed
(Occupation of Parent or Guardian) Write in whether parent or guardian is
now employed, unemployed, retired, not
living, or not contributing to family
support.

21. Number in family 6. Number of family in school 2
22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage
- (1) John Bartolini (1) Jesse Cole \$
- (2) (2) Gordaville \$ 12.00
- (3) (3) \$
23. Do you now live on a farm? (Yes or No) Yes If so, does your family own it? (Yes or No) Yes
24. Are any members of your family now receiving public relief? (Yes or No) No;
if so, give name of agency
25. Give present total monthly family income \$ none; (a) Give total family income for past 12 months \$ none; (b) Give total amount of family savings (bank acct, etc) \$ none

26. Give Name and Address of person who suggested that you apply for NYA work:

James F. Telfer

(Name)

Southboro

(Address)

27. Give name and address of three persons not related to you who know you and your family:

Name

Address

(1) Jesse Cole

Mt. Victory Road

(2) Terenzio Tebaldi

Marlboro Road

(3) Attilio Baldini

Turnpike Road

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that Leo Bartolini is in need of the assistance provided by the NYA.
(Name of Youth)

Date Feb. 2, 1940 Signature of Applicant Leo Frederic Bartolini ✓

Date Feb. 2, 1940 Signature of Parent or Guardian Tony Bartolini ✓

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☒ Date 2-2-40. No ☐

Certified for NYA Employment on
(Date)

Reject for Certification
(Date)

Reason for Rejection

Identification Number given youth by Employment Service

Signed

(NYA Representative)

Title

021-12-6788

John F. Hohn

Employment Supervisor

CITIZENSHIP AFFIDAVIT

LEO FREDERIC BARTOLINI

(Print name)

residing at

SOUTHBORO, MASS.

(City or town)

(State)

being an applicant for employment or an employee paid from funds appropriated to the National Youth Administration and being first duly sworn, deposes and says:

a. That he is a citizen of the U.S.

b. That he is not a citizen but owes allegiance to the U.S.

☐

(Check one only.)

☐

WITNESS TO SIGNATURE: (Required only
when person signs by mark.)

Leo Frederic Bartolini

(Signature of employee)

Subscribed and sworn (or affirmed) to before me

this 2nd day of Feb., 1940 at _____SOUTHBORO, MASSAm. L. FairbanksNotary Public

(Signature)

(OFFICIAL SEAL)

NOTARY PUBLIC, SOUTHBORO, MASS.

(Title and address of official administering oath)

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION FOR MASSACHUSETTS

CERTIFICATION OF ELIGIBILITY

Name of Youth Vickers William A. Identification Number _____
(Last Name) (First Name) (Initial)
Address Fisher Road Sex M Race _____ Marital Status _____
Place of Birth Southborough, Mass. Date of Birth 4/25/22
Citizenship Affidavit executed? Yes ☐ No ☐ Date _____
Name of Case Head George Vickers Case Number _____
Address of Case Fisher Road Now receiving public relief? Yes ☐ No ☐ Type _____
Total Number in family case 7 Number employed 1 Number in school 1 Relation of youth to case head son
Other youth members in case eligible for NYA: (1) _____ (2) _____ (3) _____
Total family income: (a) Monthly at date of certification \$ _____ (b) Total past twelve months \$ _____
Comments:

Certifying Agency _____ Signed _____ Date _____
(Certifying Agent)
Agency Address _____ Title _____

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
1 ASSONET STREET
WORCESTER, MASSACHUSETTS

DATE Feb. 24, 1940

TO: Mr. Armstrong

FROM: Mr. McDonough

SUBJECT: _____

I received slips for Rabine, Minnucci, Berry, and Bertonesi. Do you want these boys taken off the project? If so, for what reason?

Les J. McDonough
SUPERVISOR

*ans'd.
Feb. 25/40
H.A.*

*File
NYA*

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS
PARK SQUARE BUILDING
31 ST. JAMES AVENUE, BOSTON

July 8, 1940

Board of Selectmen
Town Hall
Southborough, Mass.

Gentlemen:

The National Youth Administration for Massachusetts, in cooperation with the State Department of Education, is making a survey of all services available to youth in the State.

In order to make the survey as complete as possible we would like to include all municipally owned or operated playgrounds, parks, gymnasias, public meeting places, etc.

It will be very helpful if you will be kind enough to furnish us with a list of such activities, including capacity, facilities, and hours available.

Enclosed is a self-addressed, franked envelope for your reply.

Thank you very much for your cooperation.

Very truly yours,

John L. Donovan, Jr.
John L. Donovan, Jr.
State Youth Administrator

Enc.

E/23

*Recd.
7/9/40
Hta.*

1/10/41

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
FOR MASSACHUSETTS
PARK SQUARE BUILDING
31 ST. JAMES AVENUE, BOSTON

Dear Fellow Members:-

As a result of the speech at the recent conference of the Massachusetts Selectmen's Association by Mr. John L. Donovan, Jr., Administrator of the National Youth Administration, several inquiries have been received concerning possibilities of cooperation between the NYA and the various communities in Massachusetts. The writer, in his dual capacity as a member of the NYA State Advisory Committee and Executive Secretary of the Massachusetts Selectmen's Association, realizes the tremendous possibilities of such cooperative arrangements and is anxious to sponsor them wherever possible.

The National Youth Administration employs out of school and unemployed young men and women between the age ranges of 17 to 24 inclusive. The workers are employed 60 hours per month and earn between \$18 and \$24 per month in wages. There are no relief requirements for employment.

The workers are placed in various public and private non-profit organizations either to perform services or actually engage in construction and manufacture. Under this arrangement, NYA workers are available for clerical, ~~mechanical~~, construction, hospital, sewing, cooking, and other types of work. They may be used in city and town halls; hospitals; city and town garages, public work departments, fire and police maintenance departments, and street sign construction; construction of small public buildings, parks, recreation fields, and emergency plane landings; settlement houses; and hundreds of other services essential to any community. Under satisfactory circumstances, the NYA is also willing to establish various work units in communities for the employment of the youth of the community. Machine shops, woodworking, sheet metal, sewing, nursery, cooking, welding, auto repair and other work units are being established throughout the state in large numbers today.

The community entering into a cooperative relationship with the NYA is called upon to:

1. Provide the necessary number of youth in the community eligible for the employment.
2. In the case of the manufacture or construction of items, to provide the materials required.
3. In the case of the establishment of a shop, to provide space, heat and light for the shop,



4. Provide the youth workers with work which will be of value in the youngsters' search for private employment.
5. Assure the NYA that no full-time workers who are or might be employed will be displaced through the use of NYA workers. Occasionally some of these requirements may be waived.

Therefore, the NYA offers to each community the opportunity of providing large numbers of its unemployed youth with employment which will prepare them for private industry and at the same time of adding to the services and material assets of the community.

Administrator Donovan has assured the writer that his program is being expanded at the present time, especially with reference to the defense requirements of the state. He is in a position to give favorable consideration to any reasonable request either for workers or shops in any community. May I urge that you communicate your desires to Mr. Donovan at the above address at the very earliest opportunity since the amount of assistance which his organization can render is limited by his yearly appropriation.

Very truly yours,

Axel E. Zetterman

Axel E. Zetterman

FEDERAL SECURITY AGENCY

NATIONAL YOUTH ADMINISTRATION

APPLICATION FOR NYA EMPLOYMENT

1. Name Vickers, Wm. A. 2. _____
(Last Name) (First Name) (Initial)
3. Address Fisher Rd. South. 4. Sex: Male m Female _____
(Street) (Town or City)
5. Place of Birth Southborough 6. Race: White ✓ Negro _____ Other _____
7. Date of Birth 4 / 25 / 22 8. Marital Status: Single Married Divorced
(Month, day, year) Separated _____ Widowed _____
9. How long have you lived in this state? 18 years
-
10. Are you employed? (Yes or No) no; (a) If so, give weekly wage \$ —
11. If not employed, give name and address of last employer: _____
Paul Dyker - Brigham Street - Marlborough
12. If not employed, give date last employment ended July, 1939
(Month and year)
13. Are you eligible for Unemployment Compensation benefits? (Yes or No) no
(a) If so, have you filed your claim? (Yes or No) no
(b) If so, are you receiving benefits? (Yes or No) no
14. Are you registered with State Employment Service? (Yes or No) no; If so,
give identification number given you by the Employment Service _____
15. Have you ever been in CCC? (Yes or No) no; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
16. Have you ever worked for N.Y.A.? (Yes or No) no; If so, give dates:
from _____ to _____
(Month & year) (Month & year)
17. George Vickers 18. Fisher Road
(Name of Parent or Guardian) (Address of Parent or Guardian)
19. Laborer 20. now employed
(Occupation of Parent or Guardian) Write in whether parent or guardian is
now employed, unemployed, retired, not
living, or not contributing to family
support.

21. Number in family 7. Number of family in school 1.

22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage

(1) <u>George Vickers</u>	(1) _____	\$ _____
(2) _____	(2) _____	\$ _____
(3) _____	(3) _____	\$ _____

23. Do you now live on a farm? (Yes or No) yes; If so, does your family own it? (Yes or No) yes

24. Are any members of your family now receiving public relief? (Yes or No) _____; if so, give name of agency _____

25. Give present total monthly family income \$ _____; (a) Give total family income for past 12 months \$ _____. (b) Give total amount of family savings (bank acct, etc) \$ _____

26. Give Name and Address of person who suggested that you apply for NYA work:

(Name)	(Address)
27. Give name and address of three persons not related to you who know you and your family:	
Name	Address
(1) _____	_____
(2) _____	_____
(3) _____	_____

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that _____ is in need of the assistance provided by the NYA.
(Name of Youth)

Date _____ Signature of Applicant _____

Date _____ Signature of Parent or Guardian _____

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date _____. No ☐

Certified for NYA Employment on _____
(Date)

Reject for Certification _____
(Date)

Reason for Rejection _____
Identification Number given youth by Employment Service _____
Signed _____
(NYA Representative)
Title _____

Place Vezina, J.

Date

February;

FEDERAL SECURITY AGENCY

NATIONAL YOUTH ADMINISTRATION

APPLICATION FOR NYA EMPLOYMENT

1. Name Vezina, Joseph J. 2. _____
 (Last Name) (First Name) (Initial)

3. Address Highland Rd., Southboro 4. Sex: Male M. Female _____
 (Street) (Town or City)

5. Place of Birth Kingston, N. Y. 6. Race: White W. Negro _____ Other _____

7. Date of Birth Aug. 5, 1918 8. Marital Status: Single Married Divorced
 (Month, day, year) Separated Widowed

9. How long have you lived in this state? 20 years

10. Are you employed? (Yes or No) No; (a) If so, give weekly wage \$ _____

11. If not employed, give name and address of last employer: _____

Town of Southboro, Southboro, Mass.

12. If not employed, give date last employment ended November, 1939
 (Month and year)

13. Are you eligible for Unemployment Compensation benefits? (Yes or No) Yes

(a) If so, have you filed your claim? (Yes or No) Yes

(b) If so, are you receiving benefits? (Yes or No) No

14. Are you registered with State Employment Service? (Yes or No) Yes; If so,
 give identification number given you by the Employment Service 9150-175

15. Have you ever been in CCC? (Yes or No) No; If so, give dates:
 from _____ to _____
 (Month & year) (Month & year)

16. Have you ever worked for N.Y.A.? (Yes or No) No; If so, give dates:
 from _____ to _____
 (Month & year) (Month & year)

17. John J. Vezina 18. Coolidge St. Hudson, Mass.
 (Name of Parent or Guardian) (Address of Parent or Guardian)

19. W. P. A. Worker 20. Employed
 (Occupation of Parent or Guardian)

Write in whether parent or guardian is
 now employed, unemployed, retired, not
 living, or not contributing to family
 support.

21. Number in family 3 . Number of family in school None .

22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage

(1) <u>John J. Vezina</u>	(1) <u>W. P. A. Southboro</u>	\$ <u>13.20</u> <u>13.25</u>
(2) _____	(2) _____	\$ _____
(3) _____	(3) _____	\$ _____

23. Do you now live on a farm? (Yes or No) No; If so, does your family own it? (Yes or No) _____

24. Are any members of your family now receiving public relief? (Yes or No) No ;
if so, give name of agency _____

25. Give present total monthly family income \$12.00; (a) Give total family income for past 12 months \$ _____. (b) Give total amount of family savings (bank acct, etc) \$ none

26. Give Name and Address of person who suggested that you apply for NYA work:

<u>Alton B. Spurr,</u>	<u>Southboro, Mass.</u>
(Name)	(Address)

27. Give name and address of three persons not related to you who know you and your family:

Name	Address
(1) <u>Ernest Savard</u>	<u>Marlboro, Mass.</u>
(2) <u>Henry Desper</u>	<u>Marlboro, Mass.</u>
(3) <u>James Jackman</u>	<u>Hudson, Mass.</u>

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that Joseph Vezina is in need of the assistance provided by the NYA.
(Name of Youth)

Date Feb. 2, 1940 Signature of Applicant Joseph J. Vezina
Date Feb. 2, 1940 Signature of Parent or Guardian John J. Vezina

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date _____. No ☐

Certified for NYA Employment on _____
(Date)

Reject for Certification _____
(Date)

Reason for Rejection _____
Identification Number given youth by Employment Service _____
Signed _____
(NYA Representative)
Title _____

Copy

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
APPLICATION FOR NYA EMPLOYMENT

1. Name Vozina, Joseph J. 2. _____
(Last Name) (First Name) (Initial)
3. Address Highland Rd., Southboro 4. Sex: Male M. Female _____
(Street) (Town or City)
5. Place of Birth Kingston, N. Y. 6. Race: White W. Negro _____ Other _____
7. Date of Birth Aug. 5, 1918 8. Marital Status: Single Married Divorced
(Month, day, year) Separated Widowed
9. How long have you lived in this state? 20 years

10. Are you employed? (Yes or No) No; (a) If so, give weekly wage \$ _____

11. If not employed, give name and address of last employer: _____

Town of Southboro, Southboro, Mass.

12. If not employed, give date last employment ended November, 1938
(Month and year)

13. Are you eligible for Unemployment Compensation benefits? (Yes or No) Yes

(a) If so, have you filed your claim? (Yes or No) Yes

(b) If so, are you receiving benefits? (Yes or No) No

14. Are you registered with State Employment Service? (Yes or No) Yes; If so,
give identification number given you by the Employment Service _____

15. Have you ever been in CCC? (Yes or No) No; If so, give dates:

from _____ to _____
(Month & year) (Month & year)

16. Have you ever worked for N.Y.A.? (Yes or No) No; If so, give dates:

from _____ to _____
(Month & year) (Month & year)

17. John J. Vozina 18. Coolidge St., Hudson, Mass.
(Name of Parent or Guardian) (Address of Parent or Guardian)

19. W. P. A. Worker 20. Employed
(Occupation of Parent or Guardian)

Write in whether parent or guardian is
now employed, unemployed, retired, not
living, or not contributing to family
support.

21. Number in family 3. Number of family in school None.

22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage

(1) <u>John J. Vezina</u>	(1) <u>W. P. A. Southboro</u>	\$ <u> </u>
(2) <u> </u>	(2) <u> </u>	\$ <u> </u>
(3) <u> </u>	(3) <u> </u>	\$ <u> </u>

23. Do you now live on a farm? (Yes or No) No; If so, does your family own it? (Yes or No)

24. Are any members of your family now receiving public relief? (Yes or No) No;
if so, give name of agency

25. Give present total monthly family income \$; (a) Give total family income for past 12 months \$. (b) Give total amount of family savings (bank acct, etc) \$

26. Give Name and Address of person who suggested that you apply for NYA work:

Alton B. Spurr,
(Name)

Southboro, Mass.
(Address)

27. Give name and address of three persons not related to you who know you and your family:

Name	Address
(1) <u>Ernest Savard</u>	<u>Marlboro, Mass.</u>
(2) <u>Henry Desper</u>	<u>Marlboro, Mass.</u>
(3) <u>James Jackman</u>	<u>Hudson, Mass.</u>

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that Joseph Vezina is in need of the assistance provided by the NYA.
(Name of Youth)

Date Signature of Applicant

Date Signature of Parent or Guardian

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date . No ☐

Certified for NYA Employment on .
(Date)

Reject for Certification .
(Date)

Reason for Rejection
Identification Number given youth by Employment Service
Signed
(NYA Representative)
Title

Copy

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
APPLICATION FOR NYA EMPLOYMENT

1. Name Vezina Joseph 2. _____
(Last Name) (First Name) (Initial)
3. Address Highland Rd. Southboro 4. Sex: Male W, Female _____
(Street) (Town or City)
5. Place of Birth Kingston, N.Y. 6. Race: White W, Negro _____ Other _____
7. Date of Birth Aug. 5, 1918 8. Marital Status: ☒ Single Married Divorced
(Month, day, year) Separated Widowed
9. How long have you lived in this state? twenty years

10. Are you employed? (Yes or No) no; (a) If so, give weekly wage \$ _____

11. If not employed, give name and address of last employer: _____

Town of Southborough, Southborough, Mass.

12. If not employed, give date last employment ended November, 1939
(Month and year)

13. Are you eligible for Unemployment Compensation benefits? (Yes or No) yes

(a) If so, have you filed your claim? (Yes or No) yes

(b) If so, are you receiving benefits? (Yes or No) no

14. Are you registered with State Employment Service? (Yes or No) yes; If so,
give identification number given you by the Employment Service _____

15. Have you ever been in CCC? (Yes or No) no; If so, give dates:

from _____ to _____
(Month & year) (Month & year)

16. Have you ever worked for N.Y.A.? (Yes or No) no; If so, give dates:

from _____ to _____
(Month & year) (Month & year)

17. John F. Vezina 18. Hudson, Mass. Coolidge St.
(Name of Parent or Guardian) (Address of Parent or Guardian)

19. U.P.A. worker 20. employed
(Occupation of Parent or Guardian)

Write in whether parent or guardian is
now employed, unemployed, retired, not
living, or not contributing to family
support.

21. Number in family 2. Number of family in school 1.

22. (a) Name of each person in family household employed (b) Name and address of present employer (c) Weekly Wage

(1) John J. Vezina (1) W. R. Southboro \$
(2) _____ (2) _____ \$
(3) _____ (3) _____ \$

23. Do you now live on a farm? (Yes or No) No; If so, does your family own it?

(Yes or No) _____

24. Are any members of your family now receiving public relief? (Yes or No) No;

if so, give name of agency _____

25. Give present total monthly family income \$ _____; (a) Give total family income for past 12 months \$ _____. (b) Give total amount of family savings (bank acct, etc) \$ _____

26. Give Name and Address of person who suggested that you apply for NYA work:

Alton B Spurr Southborough, Mass.
(Name) (Address)

27. Give name and address of three persons not related to you who know you and your family:

Name	Address
(1) <u>Emery Seward</u>	<u>Marlboro, Mass.</u>
(2) <u>Henry B. Soper</u>	<u>Marlboro, Mass.</u>
(3) <u>James Jackson</u>	<u>Hudson, Mass.</u>

We the undersigned, hereby state that the questions contained in the application have been answered truthfully and accurately to the best of our knowledge and that Joseph Vezina is in need of the assistance provided by the NYA.
(Name of Youth)

Date _____ Signature of Applicant _____

Date _____ Signature of Parent or Guardian _____

Note: This space is to be filled in only by authorized representative of the National Youth Administration.

Citizenship Affidavit executed? Yes ☐ Date _____ No ☐

Certified for NYA Employment on _____
(Date)

Reject for Certification _____
(Date)

Reason for Rejection _____

Identification Number given youth by Employment Service _____

Signed _____

(NYA Representative)

Title _____

Copy
H.A.

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
WORKER'S SCHEDULE

Name of Worker _____ Location of Project Town Hall Southborough

Project No. 46 Supervisor H. Armstrong

Payroll Period Mar. 26 - April 25, 1940

DAYS: T. 26 W. 27 Th. 28 F. 29 S. 30 S. 31 M. 1 T. 2 W. 3 Th. 4 F. 5 S. 6 S. 7 M. 8 T. 9 W. 10

HRS. PER
DAY:

6	6	6	6	/	/	6	6	6	6 1/2	6 1/2	/	/				
---	---	---	---	---	---	---	---	---	-------	-------	---	---	--	--	--	--

STARTING TIME: _____

DAYS: 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

HRS. PER
DAY:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STARTING
TIME: _____

If a group of workers are on this schedule, please list names:

Amo Cicoline - Cherry Street, Fayerlee
Joseph Gratton - Winchester Street, Southborough.

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FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
WORKER'S SCHEDULE

Section Ten Hall

Name of Worker _____ Location of Project _____

Project No. 46 Supervisor Mr. Armstrong

Payroll Period Jan. 26 to Feb 10

DAYS:	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10
HRS. PER DAY:																

STARTING TIME: 9 am

Feb 11 to Feb 25

Send payee
Back

DAYS:	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
HRS. PER DAY:		6	6	6	6	6	0	0	6	6	6 1/2	/	6 1/2		

STARTING TIME: 9 am

If a group of workers are on this schedule, please list names:

in duplicate

FEDERAL SECURITY AGENCY
NATIONAL YOUTH ADMINISTRATION
WORKER'S SCHEDULE

Name of Worker _____ Location of Project _____

Project No. _____ Supervisor _____

Payroll Period Jul 26 to Mar 10

DAYS:

M T W T F S S M T W T F S S
26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10

HRS. PER
DAY:

6	6	6	6	0	0	6	0	0	6	6	6	6	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

STARTING TIME: _____

Mar 11 to 25

DAYS:

M T W T F S S M T W T F S S M
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

HRS. PER
DAY:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STARTING
TIME: _____

If a group of workers are on this schedule, please list names:

National Youth Administration.

Payroll period - 26th of the month to 25th of the following month.

Boys to work 55 hours during the above period.

33¢ per hour — \$18.15 month.

Payroll to work. before 25th

*File
nys*

May 23, 1940

Mr. Thomas B. Dowd
District Supervisor
N. Y. A. Office, 1 Assonet St.
Worcester, Massachusetts

Dear Mr. Dowd:

Thank you for your attention to the
Parent-Teacher's Association.

With regard to future N. Y. A. work in
Southborough, we submit the following proposals:

Recording of marked graves in our old cemetery;
Recording Soldier's graves in our old and new
cemeteries;

Further work along the lines of improvement to
our Public Buildings.

We trust you will be able to assist us in
this work.

With kind personal regards,

Alton B. Spurr By Ha.
Selectman

ABS:HA

*waived
5/23/40
Ha*

*File
nysa.*

**Federal Security Agency
NATIONAL YOUTH ADMINISTRATION
1 Assenot Street
WORCESTER, MASSACHUSETTS**

**September 8
1 9 41**

Mr. Charles F. Newton, Chairman
Board of Selectmen
Southborough, Massachusetts

Dear Mr. Newton:

On Tuesday, September 9, 1941, there will be a general meeting of all persons interested in the National Youth Administration Program and its development in Central Massachusetts. This meeting will be held at 8:00 p. m. at the Worcester Boys' Club Music Room, Lincoln Square, Worcester, Mass.

It will be a distinct personal favor to me if you could arrange to be at the meeting, since it will give me an opportunity to present you to our State Director, Mr. John L. Donovan, Jr., and his staff.

kindest personal regards,

Thomas B. Dowd
Thomas B. Dowd
Area Director

TBD/ma